

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Application Number</td> <td>10/728,023</td> </tr> <tr> <td>Filing Date</td> <td>December 3, 2003</td> </tr> <tr> <td>First Named Inventor</td> <td>Nancy Pettigrew</td> </tr> <tr> <td>Group Art Unit</td> <td>2143</td> </tr> <tr> <td>Confirmation Number</td> <td>8329</td> </tr> <tr> <td>Examiner Name</td> <td>Kyung H. Shin</td> </tr> <tr> <td>Attorney Docket Number</td> <td>315549.01</td> </tr> </table>	Application Number	10/728,023	Filing Date	December 3, 2003	First Named Inventor	Nancy Pettigrew	Group Art Unit	2143	Confirmation Number	8329	Examiner Name	Kyung H. Shin	Attorney Docket Number	315549.01
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ENCLOSURES (check all that apply)															
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply (11 pages) <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement with Form PTO/SB/08A (pages) <input type="checkbox"/> Response to Notice to File Missing Parts <input type="checkbox"/> A copy of the Notice to File Missing Parts Under 37 CFR 1.52 or 1.5	<input type="checkbox"/> Assignment Papers <i>(for an Application)</i> <input type="checkbox"/> Drawing(s) (sheets) <input type="checkbox"/> Declaration <input type="checkbox"/> Newly Executed (pages) <input type="checkbox"/> A copy from a prior application (37 CFR 1.63(d)) (pages) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> General Power of Attorney (SB80) <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Application Data Sheet <input type="checkbox"/> Request for Corrected Filing Receipt <input type="checkbox"/> Return Receipt Postcard <input type="checkbox"/> Other Enclosure(s) <i>(please identify below):</i> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>													
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SIGNATURE OF ATTORNEY OR AGENT															
Signature	/Pablo E. Tapia/	Reg. No. 52,275													
Name of Attorney or Agent		Pablo E. Tapia													
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